

Wanda E. Wallace  
Federal Springs

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTQ-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/530008

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		2		2			57						
8		2		2			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12	1		1				62						
13	1		1				63						
14				1			64						
15							65						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL D.	3	1		1	3	1	TOTAL IND.						
TOTAL P.	12				12		TOTAL DEP.						
TOTAL CLAIMS	15				15		TOTAL CLAIMS						

1380 (7-78)